

## SUMMARY

### **Recommendations for Increasing Number of Deliveries Based on Switching Barrier Analysis in Puskesmas Jagir Surabaya**

One of the targets of the MDGs is to reduce 2/3 MMR, however MMR in Indonesia still reached 359. The proportion of deliveries assisted by health workers is 82.2%. However, deliveries in health facilities is still low at 55.4%. The amount of aid deliveries performed by midwives are also low in Puskesmas Jagir. The purpose of this study was to give recommendation that can increase switching barrier in Puskesmas Jagir

This study was an observational research conducted cross sectionally in May-June 2015. The sampling technique used purposive sampling with questionnaires as research instruments. The sample size was 52 pregnant women. The data was analyzed using statistical analysis of multiple logistic regression.

The result showed that there were two main variables analyzed in this study, the effect of customer satisfaction and perceived switching cost to switching intention to attractiveness of alternatives. There was only one sub-variables of customer satisfaction variables that influence the switching intention to attractiveness of alternatives that personal interaction (sig=0,029). Likewise the perceived switching cost variables were the variables that influence the switching intention to attractiveness of alternatives that procedural cost (sig=0,003). Furthermore show that pregnancy perception affects the personal interaction (sig = 0.039) and procedural cost (sig = 0.053); maternal age affects the switching intention to attractiveness of alternatives (sig = 0.042).

Level switching intention to attractiveness of alternatives is low that are influenced by customer satisfaction factor (personal interaction) and perceived switching cost factor (procedural cost), and maternal age. Perception of pregnancy influence the personal interaction and procedural cost. Then the recommendations given to Puskesmas Jagir are (1) Improving the service aspect that can affect customer satisfaction and perceived switching cost, (2) Establishing good coordination between primary health centre with health district, (3) Develop methods of socialization and need assessment of antenatal care according with target characteristics.